

WMS INDUSTRIES INC /DE/  
Form 3  
July 09, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â Lochiatto Kenneth</p> <p>(Last) (First) (Middle)</p> <p>C/O WMS INDUSTRIES INC.,Â 800 S. NORTHPOINT BLVD.</p> <p>(Street)</p> <p>WAUKEGAN,Â ILÂ 60085</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>07/01/2008</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>WMS INDUSTRIES INC /DE/ [WMS]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>Exec. VP and COO</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	3,474 <sup>(1)</sup>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option	Â (2)	06/30/2016	Common Stock	62,500	\$ 18.26	D	Â
Stock Option	Â (3)	08/14/2016	Common Stock	16,185	\$ 16.95	D	Â
Stock Option	Â (4)	09/14/2014	Common Stock	9,727	\$ 30.55	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lochiatto Kenneth C/O WMS INDUSTRIES INC. 800 S. NORTHPOINT BLVD. WAUKEGAN, IL 60085	Â	Â	Â Exec. VP and COO	Â

## Signatures

/s/ Kenneth  
Lochiatto

07/09/2008

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Includes 3,474 shares of restricted stock, restrictions on which will lapse over time: 868 shares will lapse on each of 9/19/2008 and 9/19/2009 and 869 shares will lapse on each of 9/19/2010 and 9/19/2011.
- (2) Stock Option Grant: 6,250 shares became exercisable on 6/30/2007; 18,750 became exercisable on 6/30/2008; 18,750 shares will become exercisable on each of 6/30/2009 and 6/30/2010.
- (3) Stock Option Grant: 5,395 shares became exercisable on 8/14/2007, 5,395 shares will become exercisable on each of 8/14/2008 and 8/14/2009.
- (4) Stock Option Grant: 3,242 shares will become exercisable on each of 9/19/2008 and 9/19/2009 and 3,243 will become exercisable on 9/19/2010.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.